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close relations with regard to their nature, origin, mode of succession and causation, in such a manner that notwithstanding their inevitable variations, one can always grasp their relations, recognize their connections, and refer them to a defined primitive type, and to a common superior cause. We do see a co-existence in the description of Katatonia, but not an association or a combination of symptoms.

The etiological causes which Kahlbaum gives are perfectly commonplace ones, and such as we may find at the source of all possible forms of mental disease. There are, however, two causes, not mentioned by Kahlbaum, which in the opinion of Séglas and Chaslin might induce a special predisposition and serve to characterize the foundation on which the disease develops itself; these are degeneration in general and the hysterical state. Séglas and Chaslin, from a study of the cases, feel justified in asserting that these factors have been overlooked by the advocates of Katatonia. Finally, they complete their study by saying that Kahlbaum's attempt does not seem to them so far sufficiently justified; and they repeat with regard to Katatonia what has been said of catalepsy, namely, that in the description of this affection, some authors have coupled together facts which, from different points of view, are dissimilar; and that they have rather recorded the history of a symptom, (or better, of a "syndrome,") than of a veritable disease.

If we consider further that from the physical point of view the prominent symptom is the presence of disturbance of the neuro-motor functions, while the principal psychical feature is a more or less acute condition of melancholia, (the other symptoms, progress, etc., presenting nothing special,) the opinion must be formed that for the present Katatonia must be classed under the general group of stupors—simple or symptomatic—of which it may only be a variety more closely connected with a degenerative and more particularly hysterical ground. This conclusion, the authors add, is not an explanation, but it is to their mind the only opinion which can be formulated in the present state of science.

Ueber Heboïdophrenie. DR. KAHLBAUM. Allgem. Zeitsch. f. Psychiat. Bd. XLVI, H. 4, 1889.

Kahlbaum's conception of *Hebephrenia* has been before the psychiatric world since 1870, (Virchow's Archiv, Bd. 52) and after 20 years he now puts forward a claim for a separate position in classification for a second form of the insanity of pubescence, under the name of Heboïdophrenia. Before discussing this second form, it may not be improper to review the position assigned to Hebephrenia by Kahlbaum's fellow alienists.

Krafft-Ebing, (Lehrbuch, 3d Edition, 1888, p. 162) in discussing the Causes of Insanity, gives the influence of the time of life, and concludes his review of the influence of puberty by citing the group of symptoms called hebephrenia by Kahlbaum, and sums up as follows: "The right to put forward hebephrenia as a separate form of disease, seems to me to be questionable," and he quotes Schüle as finding only two cases of pure hebephrenia among 600 patients, while he himself in 3000 found only 8, and in all of these there was hereditary predisposition, original imbecility, and signs of degeneration; two were microcephalic. The only case he cites has the heading "Maniacal insanity in puberty with hebephrenic symptoms."

Schüle (Handbuch, 1886, p. 508) places hebephrenia under Idiocy, of which he makes six types, the last being the type Hebephrenic Imbecility—"the true hebephrenia, the pubetic insanity, as it has been designated by Kahlbaum and Hecker, may find its place here, although it does not always develop on a basis of idiocy, yet in the great majority of cases leads to a persistent imbecility."

Kraepelin, (Psychiatrie, 1889, p. 52,) under general etiology, simply states that one of the frequent clinical pictures of psychical disturbances

occurring in youth is described as hebephrenia, "characterized by the change in the superficial emotional conditions; odd, fantastic delusions, eccentric behavior; and the quick passage to dementia."

Arndt, (*Lehrbuch der Psychiatrie*, 1883, p. 273), referring to Kahlbaum's classification, in which hebephrenia is included, says that while these distinctions may appear to have their foundations, yet they also have their difficulties and have practically no significance.

While all admit, therefore, that Kahlbaum has described a real condition, they would refuse it the dignity of a special place in the classification of mental diseases, claiming that it may more properly find its place in some of the present existing groups. Despite this attitude, however, Kahlbaum proposes to divide the insanity of pubescence still farther, and to make two distinct diseases where he has heretofore claimed only one. Owing to its close relationship to Hebephrenia, he proposes to call the new disease Heboïdophrenia, (on the analogy of *typhus—typhoid*).

Under Heboïdophrenia, or simply heboïd, Kahlbaum understands a psychical disease making its appearance in youth, and of such symptomatic peculiarities that it is covered by none of the forms of mental disease described up to this time.

The following are its peculiarities:—

1. In anomalies of the general behavior; in deviations and anomalies of that complex of mental qualities which make up the psychical individualities of man in his social relations, and which taken together are called his character, personality or temperament.

2. These characteristic peculiarities consist in deviations and anomalies of the instinctive life, and are comprehended in a deficiency or variation from custom and morality, and in extreme cases manifest themselves as criminal tendencies or as criminal acts. Other symptoms, such as a weakening of the intelligence, or on the other hand a high development of this, an extremely genial nature, a diminution or increase of the emotional life, may likewise be present in individual cases, but are not characteristic and may be entirely wanting.

The above symptomatic peculiarities Kahlbaum has already pointed out in the disease entitled by him Hebephrenia, and he has been led to the study of the new disease through a study of Hebephrenia. He would distinguish, therefore, two forms of the insanity of pubescence. In one the attacks are much stormier and lead through different stages eventually, and indeed generally in a short time, after a relatively short course to a decline of mental power; this is hebephrenia proper. The other group has a course that is much less stormy; the patients may indeed show a change of disposition, but they remain in essentially the same condition of mental capacity that is characteristic of their individual endowment, and in general do not pass into confusion or imbecility. To the superficial or casual observer they show much less the stamp of mental disease than of poor education. Differences are also to be noted in other directions. The first cases of hebephrenia are symptomatically comprehensive and severe, the last are narrowly circumscribed, and while the first are to be noted as generally incurable the last may generally be looked on as curable. Since, however, both forms belong closely together, the last form is to a certain extent only a sub-division of the clinical picture of the first. Kahlbaum gives the clinical history of two cases, one at considerable length, but a careful examination fails to show why they might not equally well be included under hebephrenia. Kahlbaum holds it as an important point to note that these patients do not fall into mental decay, and if this had been the case they would have belonged to hebephrenia. But it appears to be an over-refinement to attempt to form a new disease out of cases which present a clinical picture similar to a form already described, but not sinking quite so low in disease, and rallying after a comparatively short time. Spitzka, who admits hebephrenia into his classification, and calls the prognosis on the whole

exceedingly unfavorable, takes a more rational view, when he says, (*Insanity*, 1887, p. 177) : " Imperfectly developed cases, such in which the disturbance is limited to a slightly strained emotional condition, with a tendency to writing silly and extravagant poetry, and which appear to be merely instances of a pathological intensification or undue prolongation of the ordinary pubescent state, present better prospects." While welcoming therefore every minute clinical study of mental disease, which cannot but help to increase knowledge, those who are struggling with the already over-burdened sub-divisions of classification must regret, as tending to still greater confusion, all attempts at further sub-division, if the cases can be placed under already existing forms, as may easily be done with Kahlbaum's cases of Heboidphrenia.

Klinische Beiträge zur Melancholie. Prof. E. MENDEL. Allgem. Zeitsch. f. Psychiatrie. Bd. XLVI, H. 4, 1889.

Mendel divides melancholia into three classes. 1. The patients are troubled solely or most strikingly by fear and anxiety regarding the present or future conditions of their own bodies; here the perceptive feelings are almost exclusively concerned; generally there are hallucinations of the muscular feelings, and especially of the organic feelings. This form is almost unanimously called *melancholia hypochondriaca*. 2. The intellectual feelings are especially the ones concerned in the morbid process. The patients say that they have not a single bodily ill; that they should be before a judge and not a physician; that they have sinned against God and their fellow-men. Morbid sensations are present, but play a subordinate part. Here belongs the religious melancholia of the authors. Mendel would call this form *melancholia intellectualis*. 3. Finally, there is a series in which both the perceptive and intellectual feelings are changed by disease, termed by Mendel, *melancholia generalis*. These patients may think that their bodies are destroyed, and all within them destroyed, and that they thereby stand under judgment of God. *Melancholia generalis* usually develops out of primary *melancholia hypochondriaca*, more rarely out of *melancholia intellectualis*.

Melancholia attonita cum stupore is a sub-division of *melancholia generalis* on the conception that *melancholia attonita* is seen to develop itself directly out of intellectual melancholia. Diseased disturbances of the intellectual feelings may be recognized in this condition in many cases through single spoken words or single acts. Here Mendel would promise convalescence with almost certainty. In this form, on the side of the perceptive feelings are important disturbances which are bound up with hallucinations of the muscle feelings, and are the source of the condition of abnormal contractions of the muscles. Experiments in the production of the cataleptic condition in hypnosis point without doubt to the fact that cataleptic stiffness, like the waxy flexibility, is a reflex process from certain muscular feelings.

Analysis of 206 cases of melancholia observed by Mendel gives these results: Hypochondriacal melancholia, 36; intellectual melancholia 116; *melancholia generalis*, 54.

There were 84 men and 122 women as follows:—

MEN.		WOMEN.	
15—20 years	2	10—20 years	10
20—30 "	22	20—30 "	40
30—40 "	16	30—40 "	38
40—50 "	18	40—50 "	16
50—60 "	22	50—60 "	17
60—70 "	4	62 "	1
	—		—
	84		122

Of the men 8 per cent., and of the woman 2½ per cent. were under 20